



Badge # \_\_\_\_\_

Year \_\_\_\_\_

**APPLICATION FOR EMPLOYEES OF ADULT ORIENTED BUSINESS' LICENSE**

New Application

**CIRCLE ONE: MANAGER****SERVER****ENTERTAINER**

Legal Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Ks. D.L. Number \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Name of Adult Oriented Business (s) that you plan to work for \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***YOUR RECORDS WILL BE CHECKED!******FAILURE TO LIST FULL AND CORRECT INFORMATION WILL RESULT IN DENIAL OF THIS APPLICATION.*****WITHIN THE LAST 5 YEARS:**Have you **EVER** been convicted of, diverted prosecution for, or released from confinement for conviction of a felonyYes ☐ No ☐ If yes, when, where and for what offenses.

DATE	WHERE	OFFENSE

**WITHIN THE LAST 2 YEARS:**

Have been convicted of, diverted prosecution for, or released from confinement for a conviction of a misdemeanor?

Yes ☐ No ☐ If yes, when, where, and for what offenses.

DATE	WHERE	OFFENSE

I understand that this application must be submitted to the City Clerk's office with proof of identification and the application fee. I agree to comply with all requirements of the Salina Code and regulations relating to employees of Adult-Oriented Business'. **I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application. I understand that my records will be checked and if I am found to have misrepresented the facts in this application it will be denied.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**COPY OF PHOTO IDENTIFICATION ON FILE WITH CITY CLERK'S OFFICE**

Fee paid \$ 10.00 Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

\*\*\*\*\*

Recommended for approval by the Salina Police Department. Yes ☐ No ☐

**If No see additional information attached.**

Date \_\_\_\_\_ Police Department \_\_\_\_\_

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Approved / Denied

Date \_\_\_\_\_ City Manager \_\_\_\_\_

Comments:

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Approved / Denied

Date \_\_\_\_\_ City Clerk \_\_\_\_\_

\*\*\*\*\*

01/29/07

AOB